



STATE OF NEW HAMPSHIRE DEPARTMENT OF SAFETY
John J. Barthelmes, Commissioner
Division of Fire Safety
OFFICE OF THE STATE FIRE MARSHAL
J. William Degnan, State Fire Marshal



NH GAS FITTER'S LICENSING PROGRAM
AFFIDAVIT FOR PROOF OF APPROPRIATE FIELD EXPERIENCE
REGULAR TECHNICIAN APPLICATION ROUTE ONLY

NAME: _____ DATE: _____

By filling out and signing this affidavit, you are attesting to the appropriate field experience of the above named individual.

START DATE	END DATE	NAME OF COMPANY	TYPE OF WORK
		PHONE #	PRINT SUPERVISOR NAME

I attest, under penalties of perjury, that this document is a true affidavit of fact relating to the proof of appropriate field experience as required under Saf-C 8000 (NH Administrative Rules).

Signature

Date